

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**09/763760**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		1					54						
5							55						
6	1						56						
7		1					57						
8							58						
9		1					59						
10							60						
11	1						61						
12		1					62						
13							63						
14		1					64						
15							65						
16		1					66						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL	3	↓		↓		↓	TOTAL		↓		↓		↓
TOTAL	10	↓		↓		↓	TOTAL		↓		↓		↓
TOTAL	15						TOTAL						